

Grant Closeout Section**Form 3****Financial Settlement/Expenditure Report**

(Form to be forwarded to DOC after Grant Monitoring.)

Grantee:		Grant Number:	
Grantee Address:		Contact Person:	
City, State, Zip Code:		Grantee Telephone No.:	
Grant Begin Date:		Grant End Date:	
Original Grant Amount:		Latest Approved Amount:	

Grantee Certification:

For purposed of grant settlement I do hereby certify that to the best of my knowledge:

All Community Development Block Grant Funds awarded have been expended;
 All unencumbered funds have been returned to the Indiana Department of Commerce;
 All financial and performance reports have been submitted;
 Until the funded project has met all grant objectives, that the Grantee will continue to submit semi-annual reports as outlined in the executed grant agreement.

I further certify that the Grantee will remain responsible for all costs found to be ineligible as a result of final audits performed by IDOC staff or the State Board of Account; an that such disallowed cost will be refunded, upon verification to the Indiana Department of Commerce.

Signature of Chief Elected	
Typed Name of Chief	
Date:	

Report Preparer

Name:	
Title:	
Community or Company:	
Address:	
Phone:	

For Department of Commerce Use Only:

This Financial settlement is hereby approved. Therefore, I authorize cancellation of any unused grant balance and a corresponding reduction in the Letter of Credit of \$ _____ to \$ _____ .

DOC Review By:		Date:	
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Grantee:		Grant Number:		
Original Report:		Amended Report:		
Summary of Grant Costs and Non-Expended Balances (CDBG FUNDS ONLY)				
Activity Code	Description	Expenditure per Settlement	Adjustments Per DOC Monitoring	Net Expenditures
1. Total Grant Expenses Incurred:				
2. LESS: Program Income Applied:				
3. LESS: Other Income Applied:				
4. Net Total Expenses - Grant Funds:				
		5. Grant Amount Per Grant Agreement:		
		6. Total Grant Funds Received:		
		7. *Amount of Cash Refund Due:		
		8. CDBG Funds to be De-Obligated:		
*A check in the exact amount of the refund due must accompany this summary; checks are to be made payable to the Indiana Department of Commerce and the applicable grant number should be noted on the check.				
Explanation of Monitoring Adjustments and General Comments				

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Certification By Recipient	
<p>It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement identified on page 1 hereof have, to the best of my knowledge, been carried out in accordance with the grant agreement; that the United States of America and the Indiana Department of Commerce (IDOC) are under no obligation to make further payments to the Grantee under the grant agreement; and that the statements and amounts set forth in this summary are, to the best of my knowledge, true and correct as of this date.</p> <p>The Grantee hereby agrees that any costs under this grant disallowed by a subsequent audit by the Indiana State Board of Accounts which are sustained by the Indiana Department of Commerce (IDOC) will be promptly remitted to the IDOC by the Grantee.</p>	
Signature of Chief Elected Official:	
Typed Name of Chief Elected Official:	
Date:	
Department of Commerce Approvals	
DOC Grants Management Unit - Final Monitoring:	
DOC Controller Division Approval - Grant Expenditures/Balance De-Obligated:	
DOC Approval for De-Obligation of Non-Expended Grant Funds:	